

25-26 POD Form 2 - Deliberative Body Verification

Procedures Oversight Designee (POD) Form 2, for Deliberative Body level review verification ► This form must be submitted by the POD assigned to this candidate's case.

Verification

Verification 1 *

I verify that this review was based on performance and the criteria set forth in the unit's Appointments, Promotion, and Tenure (APT) document, and it was procedurally correct, fair, and free of bias.

☒ Yes

☐ No

Verification 2 *

I verify that the tenure initiating unit (TIU) level review of this candidate was conducted in full accordance with the unit's APT document, and the latter document was made available to the TIU deliberative body as part of the review.

☒ Yes

☐ No

Verification 3 *

I verify that all candidates were treated consistently during this year's review process. A written rationale for any apparent inconsistency* is provided when clear and defensible bases exist for such differences.

*Examples:

When neither of two candidates for promotion to professor has advised doctoral students, but one is criticized on this point and the other is not.

When neither of two candidates for promotion has a book in contract, but one is criticized on this point and the other is not.

☒ Yes

☐ No

Report of the Deliberative Body

Assessment *

I verify that the Report of the Deliberative Body contains a detailed assessment of the candidate's accomplishments, strengths, and weaknesses, and a report of and interpretation of the TIU vote.

☒ Yes

☐ No

Explanation *

I verify that the Report of the Deliberative Body contains an explanation of the expectations of the unit against which the candidate is being assessed.

If No is selected, please input a reason in the next question below.

☒ Yes

☐ No

POD's Signature

Input your answer in the field below, based on how you responded to the "Explanation" question (just above).

If you selected "No" > the expectations of the unit must be explained in the letter by the TIU head, or regional campus deliberative body, or regional campus dean. In the field below, identify in which of these letters the expectations of the unit are explained for this candidate under review.

If you selected "Yes", in the field below, please input "Does Not Apply".



Does not apply

0 / 8000 characters

Signature of Procedures Oversight Designee *

Please input your name in the field below

Betsy Buckeye